



Task Force on Urban Economic Revitalization
HISTORICAL RESOURCES GRANTS-IN-AID APPLICATION

MIAMI-DADE COUNTY

- 1) PROJECT TITLE: _____
- 2) APPLICANT: _____
- 3) AMOUNT REQUESTED FOR TOTAL PROJECT: _____
- 4) PROJECT TYPE (CHECK ONE PLEASE)
_____☐ ACQUISITION & DEVELOPMENT _____☐ ADAPTIVE REUSE TO COMMERCIAL CONVERSION
- 5) TYPE OF APPLICANT: _____☐ NON-PROFIT ORGANIZATION; _____☐ FOR-PROFIT ORGANIZATION
- 6) In the space provided below, briefly describe the project and the properties for which funding is requested: do not attach additional sheets.

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- 7) Provide a 3x5 photograph of the principal view of the property.



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8) PROJECT INFORMATION:

STREET ADDRESS: _____

COUNTY WHERE PROJECT IS LOCATED: _____

9) APPLICANT INFORMATION:

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CONTACT PERSON: _____

DAYTIME TELEPHONE NO: (____) _____ FAX NUMBER: _____

10) Is this project being done in conjunction with any other historical or community organization? If so, who?

11) Provide the following legislature information based on project location.

DISTRICT NUMBER: _____ COMMISSIONER: _____

DISTRICT NUMBER: _____ CONGRESSPERSON: _____

12) INDICATE EACH TYPE OF **HISTORICAL DESIGNATION** CURRENTLY HELD BY THE PROJECT SITE.

_____ Individual National Register Listing; _____ National Register District – Contributing Site;

_____ Individual Local Designation; _____ Local District Designation – Contributing Site; _____ None of the Above

13) If applying for **Leverage Funding**, attach a copy of the primary grant application and sign certificate page.

14) Project timeline: on graph below indicate all the major elements of the project and the amount of time required to complete each item.

(Special Category Projects Only)

MONTH: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

ACTIVITY:

| | |
|----|--|
| A. | |
| B. | |
| C. | |
| D. | |
| E. | |
| F. | |
| G. | |
| H. | |

15) Describe the **major elements** of the project and indicate the **entities** (i.e., Consultant, in-house, volunteers) responsible for each element.



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16) What is the anticipated annual Cost of Maintenance of the Historic Property, Archaeological Site, or Museum Exhibit upon completion of the project; and what is the source of the funding?

17) Provide a brief explanation indicating the direct impact of this project on the surrounding community. Include any alterations to the site that will make the site more accessible to the public.

18) Provide a brief explanation of the direct economic impact this project will have on the surrounding community. Include any information regarding number of jobs it will provide, if known.

19) FOR ALL ACQUISITION, DEVELOPMENT, RESTORATION, REHABILITATION, ADAPTIVE REUSE TO COMMERCIAL CONVERSION PROJECTS:

Provide the Dates Of Original Construction: _____ All Major Alterations: _____; And
The Florida Master Site File Number: _____. (Attach copy of the Site File Form as Attachment M)

Original Use: _____ Current Use: _____ Proposed Use: _____

Provide a brief statement of significance for the property/site:

For Acquisition projects, provide the Full Purchase Amount \$ _____ and the acreage of the property to be acquired _____.

The maximum grant share for an acquisition project shall not exceed 50% of the value of the property as determined by the appraisal-, the average of two appraisals, if two were obtained; or the average of the closest two appraisals, if more than two were obtained; or 50% of the purchase amount, whichever is less.

20) FOR ALL COMMUNITY EDUCATION PROJECTS:



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For **Audio-Visual Productions, Books, Pamphlets, Walking Tour Brochures**, etc., Explain how the product will be **Marketed and/or Distributed** and has the economic impact of this activity.

How many minutes/pages is the product? _____

How many copies of the product will be produced? _____

If the printed/media materials are proposed for distribution, will there be a per item charge? ____ yes ____ no. If yes, provide the estimated charge. _____

For **Educational Materials**, is the local school system actively involved in your project? ____yes ____ no. If yes, describe their participation to date and anticipated participation in this project.

Do you intend to integrate your project into the Florida Heritage Education Program? _ yes _ no.

For Historic Markers, include Form No. HR3EI71294 from the Bureau of Historic Preservation as Attachment L.



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21) PROJECT BUDGET: Please attach a budget narrative that explains the line items in the budget. For project revenues, please indicate whether amounts are confirmed or pending. Please note that funds from the Urban Economic Revitalization grant may not be used for administrative purposes, exceeding 5% of the total grant.

| <u>BUDGET ITEMS</u> | <u>CORPORATE CONTRIBUTION</u> | <u>FOUNDATION GRANTS</u> | <u>GOVERNMENTAL SUPPORT (FED/STATE/LOCAL)</u> | <u>CONFIRMED/ PENDING</u> | <u>SUB-TOTAL</u> |
|---------------------|-----------------------------------|------------------------------|---|-------------------------------|------------------|
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ |
| TOTALS | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |



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CERTIFICATIONS

22) Applicant certification: This certification must be signed by the duly authorized representative of the applicant organization or agency before the application will be considered for funding assistance.

I certify that the information contained in this application is true and correct to the best of my knowledge, and that I am the duly authorized representative of the applicant.

Name (type or print) _____

Agency or organization _____ Title _____

Signature _____ Date _____

23) Owner concurrence: If the applicant does not own the property, the owner of record must sign the following statement indicating concurrence with the proposed project and this application for grant assistance.

I, the undersigned, am the owner of the property identified under item 8) Project Information on Page Two of this application and hereby acknowledge my support for and full concurrence with this application.

Name (print or type) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Daytime telephone _____ FAX Number _____

24) Agreement to Execute Restrictive Covenant (SPECIAL CATEGORY & ACQUISITION PROJECTS ONLY):

For projects involving historic properties and those involving archaeological sites which will be maintained subsequent to the completion of the project, the owner, long-term lessee or other responsible party must sign the following statement indicating agreement to execute a 10 year restrictive covenant to run with the property deed, should a grant award be made.

I, the undersigned, am the duly authorized representative of the ____ owner, ____ long-term lessee, or ____ other organization or agency having responsibility for maintenance of the property identified under item 8) *Project Information* on Page Two of this application subsequent to completion of the project for which funding is requested. I hereby indicate agreement to execute a restrictive covenant through which the organization or agency I represent will commit to maintenance of the referenced property in accordance with good preservation practice and the applicable standards and guidelines of the Secretary of the Interior for a period of ten years. I further agree that the organization or agency will not make any modifications to the property (other than routine repairs and maintenance) without review of the plans and specifications by the Bureau of Historic Preservation and that every effort will be made to design any modifications in a manner consistent with the applicable standards and guidelines of the Secretary of the Interior.

Name (print or type) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Daytime telephone _____ FAX Number _____



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ATTACHMENT CHECKLIST

25) The following supporting documents are attached to this application:

_____ **Attachment A:** Letters of Support, Endorsement, or Resolutions (One original and thirteen copies) (ALL PROJECTS).

_____ **Attachment B:** Photographs describing the existing condition of the property or site (One set of photographic prints and 13 Xerox copies); and One 35mm color slide of the property. (ALL PROJECTS).

_____ **Attachment C:** If completed, architectural project schematics or construction documents (ONE SET ONLY) (ACQUISITION AND DEVELOPMENT and SPECIAL CATEGORY PROJECTS).

_____ **Attachment D:** For non-profit organizations **only**: proof of non-profit status (Fourteen copies) (ALL PROJECTS).

_____ **Attachment E:** For Acquisition projects **only**: an independent appraisal (two appraisals are required if the value of the first appraisal exceeds \$500,000); an ownership and encumbrance search; and an executed option or purchase agreement.